

NOTICE OF INDEPENDENT REVIEW DECISION

July 3, 2002

RE: Injured Worker:

MDR Tracking #: M2-02-0602-01

IRO Certificate #: 4326

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a _____ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The _____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to _____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 21 year old female who works as a clerk sustained a work related injury on _____. The circumstances or environment of the injury was not available for review. The patient complains of worsening right hand pain, numbness and weakness, neck and scapular pain, tingling in the shoulder and down the right arm. The patient has had removal of a cyst from the right wrist and wears a brace. The treating neurosurgeon has recommended that the patient undergo a right endoscopic carpal tunnel release.

Requested Service(s)

Right endoscopic carpal tunnel release

Decision

It is determined that a right endoscopic carpal tunnel release is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The physician's office visit documentation does not identify how the injury was sustained and/or the length of time the patient has been symptomatic. The most recent visit documentation indicated that the patient's treatment plan included Tylenol, Darvocet and a right wrist splint. On 02/21/02 the nerve conduction studies identified findings consistent with right carpal tunnel syndrome. There is no evidence of failed conservative treatment prior to proceeding to the option of surgical intervention. Therefore, an endoscopic carpal tunnel release is not medically indicated.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,